

## TESTIMONY

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California Select Committee on Alcohol and Drug Abuse  
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*(powerpoint presentation accompanies this testimony)*

Chairman Beall and respected members of the committee:

It's an honor for me to be here today and to testify before you. I have been following your work for many months now and I want to thank you for undertaking the difficult task of informing yourself and the people of California about the many nuances of addiction and the hope and promise of long-term recovery. I would also like to thank Beth Main who is here today from HBO – who produced the Emmy Award documentary Addiction last year. Our wonderful relationship with David Castro from the San Francisco office developed during the roll out of the documentary provided the opportunity for me to join you here today.

My name is Tom Coderre and I'm the National Field Director for Faces & Voices of Recovery, a national advocacy organization based in Washington, DC which is committed to organizing and mobilizing the millions of Americans in recovery from addiction, as well as families, friends and allies. I'm going to be speaking all about our work and how we can help organize and mobilize the recovery community here in California, but first, I'd like to share a short story with you.

It's about a man who by the time he was thirty years old, was pretty successful by most people's standards. He came from a good, loving family and he had many friends. He had been employed in non-profit management and development for many years and he had risen in his career to become the executive director of a large non-profit agency in Providence, Rhode Island. He was also very involved in his community and he had a love of politics. He was an elected member of the Rhode Island State Senate. On the outside, everything about this man's life looked perfect. However, on the inside he was tortured. So he turned – first to alcohol – and then to other drugs to cope with the stresses he was experiencing. Underestimating the power of these substances, he quickly became addicted and his life started a downward spiral. As his life began to unravel he started to lose the things that were most important to him. When his family and friends tried to help, he resisted their help and pushed them away. This caused him to lose them. He lost interest in politics. He lost his job and he lost his position in the Senate. His health deteriorated. He lost his apartment and became homeless. He lost his spirit. He lost his

freedom. In the end, he lost everything *even his desire to live*. This man's life, which at one time was so full of hope, became hopeless.

I know this story well because it's mine.

And because I was able to get the help I needed, today I am a person in long-term recovery, which means that I haven't used alcohol or other drugs for more than 4½ years. Just as important, I was able to create a better life for myself, for my family and ultimately for my community. Recovery is so much more than just not using alcohol and other drugs – it's about creating a better life. Recovery has given me stability in my life once again and has enabled me to once again be a productive member of my community.

I am blessed to have found recovery and there are so many people I'm grateful to for showing me the way. While this is a secular presentation, I'm grateful for the people God put into my life. The first person God put in my life, although I didn't think so at the time, was a Judge. I couldn't stop using and I didn't know how to stop. If I hadn't been arrested for possession of a controlled substance in my home city, I don't know if I'd be here today.

After I had been arrested and in turn my disease had been arrested, other supports then came into play. I had to receive detoxification services, psychiatric help and substance abuse treatment – three of the most difficult services to obtain when you need them even when it is determined they are medically necessary – how tragic and just plain wrong is that?

I was a badly broken human being 4½ years ago and my road to recovery has been long and winding. However, no one waved a magic wand and all of a sudden I instantly became well. It happened over time. And as you know, it happened because I had support.

After I completed treatment I was accepted into a recovery house. This is where my journey continued. I lived in a recovery house for 6 months, became the assistant house manager and then the house manager of that house and I stayed there for 2 years. This was so critical in my recovery. I went back to school and finished my bachelor's degree. I started working which helped restore my confidence. I saw a medical doctor and continued outpatient counseling and therapy. I started taking care of myself physically and mentally. I attended mutual support meetings and started to socialize with other recovering people. My hope became restored. Having these supports was key in restoring my hope.

Today, I have been able to regain the things in my life that are most important to me. I've become a productive member of society. I'm employed again, I'm active again in the things I used to love – politics, friends, family. When people get the help that they need, they recover. That's one of the main focuses of Faces & Voices of Recovery, speaking out to make sure more people have the opportunity to find recovery.

Now, I'd like to share with you who we are, what we do and why we believe state government is a critical partner in this effort.

Faces & Voices of recovery was first established in 2001 by recovery advocates from around the country. They came together at a summit in St. Paul Minnesota to launch the campaign. We're a young organization, however, we've grown quickly. My position as national field director affords me the opportunity to travel quite frequently and I can tell you first hand that the organized recovery community is a growing one – from coast to coast. More and more people in recovery, families, friends and allies are stepping forward and speaking out. The media is also covering recovery friendly stories – not to the degree we'd like – but it is happening. We're turning a corner on changing the negative public attitudes and stigma that has stood in our way. Tens of thousands of people belong to recovery community organizations today and more than fifteen thousand people are part of the national Faces & Voices campaign.

We have three main objectives. We want to change public perceptions of addiction recovery, promote effectively public policy and demonstrate that recovery is working for millions of Americans.

When we use the term recovery community, we are talking about people in recovery from alcohol and other drug addiction, families, friends and allies. More than 67% of those surveyed in a national poll said that they have been affected in some way by addiction.

Faces & Voices of Recovery is unique because it is governed by the recovery community. Our 21 member Board of Directors is made up of people who have been affected by addiction in one way or another – people in recovery, families, friends and allies. 13 of the members represent all the different regions of our country. I'm so happy that one of our board members, who represents the region which encompasses California, John deMiranda is with us here today and I believe he'll offer some remarks in the public comment period.

The recovery community has been actively organizing itself for the last decade. Organizations have sprung up all over the country at the state, regional and local levels. We'll talk about what these organizations do and the part they play in helping people find and sustain their recovery.

I've already shared with you the three objectives of Faces & Voices of Recovery. We achieve those objectives in two ways. One way is to support local recovery advocacy and the other is to raise the national profile of recovery. We support local recovery advocacy by conducting workshops and trainings, providing technical assistance, offering programming opportunities to local recovery community organizations, communicating regularly in a variety of ways and providing information from our nation's capital and around the country on recovery related topics.

We've been very successful in raising the national profile of recovery as well. In the last few years we've been engaged in some very high profile campaigns and activities. In

2005, we held a follow up to our 2001 summit in Washington, DC where almost 300 recovery advocates, representing every state in the union came together to learn about effective advocacy techniques and plan for the future of Faces & Voices of Recovery. These advocates met with their US Senators and Representatives while in Washington and fought so more people could get the help they needed.

We were part of the successful initiative to restore financial aid to students who had prior drug convictions so they could attain a college education and better themselves and their families. We also fought to restore funding to organizations who provide peer recovery support services.

Just last year, as I mentioned in my introduction, we worked closely with HBO and other partners to successfully roll out the Emmy Award winning documentary “Addiction” in 30 communities around the country. Two of those communities were here in California – Los Angeles and San Diego. We also provided web based social marketing type tools for those outside of the 30 communities to show the documentary and hold house parties and town hall meetings. Because of our collective efforts, over 500 house parties and over 200 town hall meetings were conducted bringing important information about addiction and recovery to the public. This was a very exciting initiative.

We also have our eyes on legislation that is making it’s way through Congress. The Second Chance Act and the Wellstone Mental Health and Addiction Equity Act (parity) are aimed at ending discriminatory public policies that are making it hard for people to find and sustain their recovery. Special thanks to the Chairmen Beall and other members of the Assembly who fought so hard to pass a parity bill here in California this year. Although the Governor vetoed the bill, I’m happy to learn that you’re going to press on. I’d also like to thank Assemblywoman Karen Bass for her work on the bill to end discrimination with respect to issuance of professional licenses here in California. These bills are perfect examples of how we can change public policies to help people find recovery and sustain their recovery for the long term.

One of our signature events is Rally for Recovery, which is held on the 3rd Saturday of September (in observance of national recovery month) every year. This past year, we partnered with recovery community organizations in New York and New Jersey for a national hub event held at Liberty State Park. We counted over 30,000 people rallying for recovery on that day in over 60 communities around the United States. Our rally’s this year encouraged passage of the federal parity bill and our rallying cry was to END INSURANCE DISCRIMINATION NOW.

We’ve also developed a program called Recovery Voices Count which is a non-partisan civic engagement campaign for the recovery community. We held a very successful Presidential Town Hall meeting in which 9 Presidential Campaigns answered questions and outlined their plans to help more people find and sustain their recovery. We are a constituency of consequence and we’ll show it by registering people to vote, educating them about candidates and issues and making sure they get out and vote on election day.

Recovery Voices Count is the theme of our organizing work in 2008 and will be the focus of our Rally for Recovery this year.

One of the underpinning philosophies of Faces & Voices of Recovery is that we support all pathways to recovery. Mutual support groups, medication assisted recovery, faith based recovery, professional treatment and the many other pathways should be respected as each can play a critical role in someone finding recovery. After all, it doesn't matter how someone finds and sustains their recovery. We believe in recovery by any means necessary.

Now I'd like to talk for a minute about the relationship between treatment and recovery. This slide shows a historical context in which treatment is a subset of recovery. We believe there's something missing in this model. Treatment of addiction, as was pointed out by Dr. Mark Stanford, who previously presented to this select committee, frequently uses the acute care model. This is ineffective because addiction is a chronic health problem. That's where Recovery Community Organizations come in.

Recovery Community Organizations ... bridge the gap between treatment and recovery and can provide many services which help people sustain their recovery.

When it comes right down to it, we're saying that we have the following problems. We need more opportunities for people to achieve long-term recovery, the public and policymakers underestimate the effectiveness and reality of recovery and the need for more treatment and recovery support services and public attitudes and perception of recovery that leads to misunderstanding and additional stigma for those in long-term recovery.

We believe some solutions are putting a face and a voice on recovery to break down misperceptions that will change attitudes (stigma) and policies (discrimination), a growing, organized constituency of people in recovery, family members, friends and allies and local, state and national recovery community organizations supporting expanded opportunities for individuals to sustain long-term recovery.

So what are Recovery Community Organizations? They are independent, non-profit organizations that are led and run by representatives of local communities of recovery on behalf of the recovery community.

There are almost 200 recovery community organizations around the country. They range in size, budget and scope.

They are funded in a variety of ways. They receive public funding from local and state governments, Center for Substance Abuse Treatment's Recovery Community Services Program, private foundations – local, regional and national, and they rely on membership and individual donations.

The main concept here when we talk about how treatment and recovery are related is that treatment is part of recovery with recovery being the larger construct as the earlier slide showed. The goal of treatment is to eliminate symptoms of the clinical disorder where the goal of recovery is to help individuals achieve overall wellness and restore their lives. This is obviously an ongoing process and respects the chronic nature of addiction. It's critical that every state develop a plan that moves toward a recovery based model. States can assist this effort by providing funding and technical assistance to counties to help them understand this new way of thinking. It's a wise investment for states as recovery based care means better outcomes.

Many recovery community organizations deliver peer to peer recovery support services. This can include one on one support, group support, resource connection, and general skill development. Other peer recovery supports are recovery skills development, sober social activities, recovery community centers and leadership skill training.

And while there are many recovery community organizations throughout California, we believe that California would benefit tremendously from a state-wide recovery community organization which would organize and mobilize the existing organizations and develop new organizations to change public attitudes and advocate for new policies here in California. This can be achieved with both support from the state and support from foundations and individuals. A good way to begin the process might be to establish a workgroup and/or use constituency committees to study this idea and make recommendations for carrying it out.

Let's take a look at two slightly different yet successful ways that states have approached this and what investing in a recovery community organization could mean for California.

Connecticut Community for Addiction Recovery (CCAR) organizes the recovery community to put a face recovery and provide recovery support services. They are funded by the state of CT and private donations.

CCAR was founded about 10 years ago and has had many successes. Some highlights are: wrote the Recovery Core Values along with Advocacy Unlimited that became the foundation for the Commissioner's Policy # 83: Promoting a Recovery-Oriented Service System, Helped turn "Heroin Town", a negative Hartford Courant newspaper series, into "Recovery Town", Educated the legislature about the Pardons Process where significant changes have been made, Assisted DMHAS through some NIMBY housing issues associated with Access to Recovery (ATR), Involved in FAVOR issues – restoration of RCSP funding, HBO Addiction documentary, insurance discrimination .

They put a face of recovery through speaking engagements, television and media relations, producing videos, website, and major events.

CCAR delivers peer to peer recovery support services including All-Recovery Groups, Recovery Training Series, Family Support Groups, Recovery Coaching, Recovery Social

Events, Telephone Recovery Support, Recovery Housing Project, and Recovery Community Centers.

We'll focus on three of their services today. The first is telephone recovery support where a person new to recovery receives a phone call from a trained volunteer once a week for 12 weeks. This is helpful to the person in recovery and the volunteer, it's low cost, it helps the person sustain their recovery and reinforce treatment and it's had tremendous outcomes.

Here's a quote from someone who was part of the program: "When asked if I find the TRS (Telephone Recovery Support) calls helpful I can't say yes enough. There's something so supportive about knowing that no matter what happens in my life there's someone who genuinely cares about how my recovery is going. My volunteer has shared in every victory I have had in my recovery since the calls began. I hope to continue receiving these calls for a long time to come."

If we look at this data – we can see that those receiving the calls overwhelmingly reported that they were still in recovery. Those who had relapsed were offered assistance and those doing well felt more connected to their recovery as a result.

Another program that was undertaken by CCAR was the Recovery Housing Project. CCAR conducted an inventory of existing recovery housing (independently owned, privately operated "sober houses") and created a database. They then established the Recovery Housing Coalition of Connecticut which developed standards, advocacy and held monthly meetings. From this experience CCAR developed a training called "So, You Want to Open a Recovery House?" They took the approach that a rising tide raises all boats by having successful houses partner and train houses that may have been struggling – which ultimately helped them become better programs and help people sustain their recovery longer. Not to mention assist with public relations.

Finally, CCAR established Recovery Community Centers. These centers have become recovery oriented sanctuaries anchored in the heart of the community. They are a physical location where CCAR can organize the local recovery community's ability to care for one another and a place where Recovery Support Services are delivered. The services are designed, tailored and delivered by local recovery communities.

They are extremely cost-effective because they rely on a volunteer management system – including people in long-term, sustained recovery and very small staffs.

The volunteer management system is extensive. It was modeled after a hospital volunteer system. They conduct screening, interviews, and background checks of all volunteers. There is a comprehensive volunteer orientation training with 6 week, and 6 month evaluations. Volunteers are highly regarded - Volunteer Recognition dinner in April. They are currently working with the Connecticut Certification Board (CCB) to develop a Certified Recovery Support Specialist (CRSS) credential.

This slide contains pictures of some of the Recovery Community Centers in Connecticut.

And look at some of these statistics pointing to the success of these centers have had on peoples lives. 96.0% are still drug and alcohol free, 99.4% did not go back to jail or become involved in the criminal justice system, More than 78.0% found jobs and/or went back to school, 87.0% found safe and affordable housing, 100% increased their involvement in recovery programs and improved their family and community relationships, 63.0% are working at improving their health and decreasing their risks for poor health outcomes associated with HIV/AIDS.

Now let's look at another Recovery Community Organization – Friends of Recovery Vermont (FOR-VT).

Their mission is to promote the power of long term recovery to improve the quality of life, health and wellness of Vermonters. FOR-VT believes there are many paths to recovery which lead to rejoining and rebuilding a life in the community for everyone.

Since 1998, Friends of Recovery - Vermont has been building a strong recovery community organization. They have engaged many people in recovery from alcohol and drug addiction and have provided a voice for this community of people that has traditionally remained anonymous.

FOR-VT supports the development of community recovery centers (peer run centers across Vermont) where integrated services can be provided. FOR-VT brings visibility to the recovery movement by holding an annual “Recovery Day” legislative awareness event at the State House in Montpelier. FOR-VT offers recovery events such as dinners, dances, performances, and celebrations, including promotion of September as National Alcohol and Drug Addiction Recovery Month.

FOR-VT is a peer-led membership organization.

They received funding from the Federal Government's Recovery Community Services Program (RCSP) from 1998-2004 and have been funded from 1998-present by the VT Department of Health, Division of Alcohol and Drug Abuse Programs. They have also received additional grant funding for special projects, Membership and other organizational contributions.

FOR-VT has integrated leadership training into their work. This collaboration between FOR-VT and the VT Psychiatric Survivors, two consumer-run advocacy organizations, has begun to educate, train and support individuals with co-occurring disorders, and others providing peer services. Focus groups, planning committees, video education groups, and peer leader development was piloted in several regions of Vermont and there are plans for this to become a statewide program.

They have conducted a few social marketing campaigns to educate the public on the power of recovery.



And they regularly host events and training workshops to build the capacity of their membership.

Here are some photos from some of their events.

For the past two years, FOR-VT has held a successful Rally for Recovery event at the State Capitol in Montpelier.

They also participated in the nationwide roll out of the HBO documentary Addiction.

Like CCAR, FOR-VT has established a network of Recovery Community Centers. They currently have 9 centers spread out all over Vermont. Two more centers are scheduled to come online this year.

Here is some of the early data (first quarter – 2007) they have collected which shows how busy the centers have been. 8 Recovery Centers reporting data this quarter: Open from 24 to 120 hours per week - open an average of 71 hours per week, 247 to 5025 visits per month- average of 1550 visits per month, TOTAL VISITS this quarter- 35,652, 14 paid staff (part or full-time) among the 8 recovery centers.,

From 3 to 47 volunteers per center- average of 23 volunteers per center- 164 volunteers among the 8 recovery centers, 20 - 210 volunteer hours per week/per center- average of 96 volunteer hours per week- total of 2952 volunteer hours per month; 8856 per quarter, Between 3 and 29 recovery meetings held at each center each week- a total of 99 recovery meetings per week held at 8 recovery centers in Vermont!

153 Participant Evaluation Surveys collected this quarter, 60% of participants surveyed report "the recovery center has helped me FIND my recovery (stop using alcohol or illicit/non-prescribed drugs)", 93% of participants surveyed report "coming to the recovery center has helped me MAINTAIN my recovery (remain substance free)", 93% of participants surveyed report "participating in recovery center activities has ENHANCED my recovery experience."

Rate of homeless/couch surfing/staying with friends has decreased from 22% to 15%, Rate of independent housing has increased from 65% to 41%, Rate of unemployment has decreased from 35% to 24%, Rate of probation or parole has decreased from 25% to 20%.

71% of participants surveyed have participated in a substance abuse treatment program (residential or outpatient) in the past. 27% have participated in a substance abuse treatment program in the past year, 43% of participants surveyed report "my recovery is currently assisted by medication". 39% report using antidepressant/antipsychotic medication. 12% report using methadone/buprenorphine, 48% of participants surveyed report "my recovery has been assisted by medication in the past". 40% report using

antidepressant/antipsychotic medication in the past. 9% report using methadone/buprenorphine in the past.

Participants have been in recovery (not using alcohol or drugs) for an average of 4.08 years, participants have been coming to the recovery center for an average of 1.69 years, average age of participants who identified their age: 43, gender of survey respondents: 61% Male, 39% Female. These are some pretty impressive statistics. Recovery Community Centers help people find and sustain their recovery. Recovery Community Organizations help establish these centers, provide staff, train volunteers and share information. These centers have provided a way to mobilize the recovery community to advocate for more resources and change the public perception of addiction recovery.

I've included a few slides in this presentation about language because I've talked quite a bit about the negative public attitudes that exist about addiction. Faces & Voices has commissioned and published several public opinion research polls which bring to light why we might be having a problem reaching the public. Based on that research we developed a training and have trained over 1000 recovery advocates. We don't have time to get into a this debate today – which is unfortunate because it's one of my favorites – but here are some things to think about. Bill White, a well respected author and recovery advocate has the best summary of what we're up against. *“Words have immense power to wound or heal...The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower.”*

The next three slides have some concepts from Bill White's book, Let's Go Make Some History. I ask you to think about the language you use when you communicate with others about addiction. Think about this when you speak and/or are writing. Here are some words/concepts White thinks we need to abandon: abuse, self-help, untreated alcoholics / untreated addicts, consumer, and the language of self-pity.

According to White, these are some words/concepts we need to discuss and debate: alcoholic / addict, disease / disease concept, treatment works, stigma, enable, relapse, recovering / recovered, anonymity and passing, new recovery (advocacy) movement.

And finally some words/concepts we need to elevate and celebrate: recovery, recovery community / communities of recovery, advocacy, sustainability, recovery support, services / recovery coach, recovery oriented systems of care, recovery pathways / style, presenting the faces & voices of recovery, living proof, story, responsibility, gratitude, and service.

All across the country, individuals and organizations are mobilizing. Faces & Voices and allied organizations are working to build our growing movement.

We have a great website that I would encourage you to visit if you haven't already done so. It's updated regularly and it's chock full of information about what's going on around the country and how you can get involved. The address is [www.facesandvoicesofrecovery.org](http://www.facesandvoicesofrecovery.org),

This concludes my presentation. I know I covered a significant amount of ground. I wanted to give you a good sampling of what is happening around the country and create an opportunity for you to think about ways you might structure a recovery based care here in California. Thanks for the opportunity to testify today. I'd be happy to take any questions you may have.